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## \*BIBDATASHEET\*

CONFIRMATION NO. 82

Bib Data Sheet

SERIAL NUMBER 09/915,603	FILING DATE 07/26/2001  RULE	CLASS 715	GROUP ART UNIT 2176	ATTORNEY DOCKE NO. 13018:19
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## APPLICANTS

Alvin Charles Richardson, Austin, TX;

 Charles Michael Davis, Cedar Park, TX;  
 Daniel P. Miranker, Austin, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/294,701 04/19/1999 ~~ADN~~(Allowed) *eg*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *eg*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

\*\* 08/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>William J. Baskin</i> Examiner's Signature	<i>eg</i> Initials			

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## TITLE

Adaptively weighted, partitioned context edit distance string matching

FILING FEE  RECEIVED 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 8249

<b>SERIAL NUMBER</b> 09/915,603	<b>FILING DATE</b> 07/26/2001 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2176	<b>ATTORNEY DOCKET NO.</b> 13018:19	
<b>APPLICANTS</b> Alvin Charles Richardson, Austin, TX; Charles Michael Davis, Cedar Park, TX; Daniel P. Miranker, Austin, TX;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/294,701 04/19/1999 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/10/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> HUGHES & LUCE LLP Suite 2800 1717 Main Street Dallas, TX 75201					
<b>TITLE</b> Adaptively weighted, partitioned context edit distance string matching					
<b>FILING FEE RECEIVED</b> 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		